SFUND RECORDS CTR 88139714

PS F	SENDER: Complete items 1, 2, 3 and 4.
PS Form 3811, July 1983 447-845	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.
983	1. Show to whom, date and address of delivery.
447-8	2. Restricted Delivery.
345	3. Article Addressed to: Applicat No. 2
	12251 Shermon Way
	N. Aollywood, CA 9/605
	4. Type of Service: Article Number
	Begistered Insured P007 79 6787 Certified COD Express Mail
	Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED</u> .
DOM	5. Signature – Addressee X
DOMESTIC RETURN RECEIP	6. Signature - Agent X J. J. Colyale
RETU	7. Date of Delivery
RN	8. Addressee's Address (ONLY if requested and fee paid)
REC	
EIPT	
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